



2024-2025

COMMUNITY HEALTH AGREEMENT

To reduce the risk of communicable diseases spreading in school:

- I agree to keep my child home from school if they have a fever or any other symptoms of illness including vomiting, diarrhea, cough, yellow or green discharge from eye(s), itchy body rash, or distracting pain (earache, headache, sore throat, recent injury). I will notify the school nurse, front office, and my child's teachers in the case of an absence due to illness.
- I agree to pick my child up as quickly as possible should they become ill at school, in all cases, **no more than one hour after being contacted by the school**. If I cannot be reached or cannot pick up my child in a timely manner, an emergency contact will be called.
- I understand that my child may return to school after an illness once
 - 1) they have been fever-free for 24 hours without fever-reducing medication,
 - 2) their symptoms are manageable in the classroom, and
 - 3) they feel well enough to productively participate in their learning environment.

Parkside pledges to do its part by:

- Adhering to health requirements of New York State and City authorities.
- Notifying parents if students become ill or get injured during the school day.

Please sign this with the understanding that the details of the school's health policies are subject to change should public health guidance change, but Parkside's commitment to the health of its community will stay the same!

Student Name: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____